

Experiment Number: 20116-01

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014

Time Report Requested: 13:04:41

First Dose M/F: NA / NA

Lab: NCTR

C Number: C20116B

Lock Date: Not Entered.

Cage Range: All

Date Range: All

Reasons For Removal: All

Removal Date Range: All

Treatment Groups: All

Study Gender: Both

PWG Approval Date NONE

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 Lab: NCTR

**F 344/N Rat Male
 CONTROL**

DAY ON TEST												
	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	1	1	1	1	1	1
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	1	1	1	1	1	1
	7	7	8	8	9	9	0	0	1	1	2	2
	1	2	1	2	1	2	1	2	1	2	1	2

*TOTALS

Alimentary System

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	12
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	12
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	12
Intestine Large, Rectum	M	+	+	+	+	+	+	+	M	+	+	+	10
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	12
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	12
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	12
Liver	+	+	+	+	+	+	+	+	+	+	+	+	12
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	12
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	12
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	12
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	12

Cardiovascular System

Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	12
Heart	+	+	+	+	+	+	+	+	+	+	+	+	12

Endocrine System

Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	12
Adrenal Medulla	+	+	+	+	+	+	M	+	+	+	+	+	11
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	12
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	12

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

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 Lab: NCTR

**F 344/N Rat Male
CONTROL**

DAY ON TEST												
	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	1	1	1	1	1	1
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	1	1	1	1	1	1
	7	7	8	8	9	9	0	0	1	1	2	2
	1	2	1	2	1	2	1	2	1	2	1	2

*TOTALS

Pituitary Gland	+	M	M	M	+	+	+	+	+	+	+	+	9
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	12

General Body System

NONE

Genital System

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	12
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	12
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	12
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	12
Testes	+	+	+	+	+	+	+	+	+	+	+	+	12

Hematopoietic System

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	12
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	12
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	+	+	12
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	12
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	12

Integumentary System

Mammary Gland	+	+	+	+	+	+	+	+	+	+	+	+	12
Skin	+	+	+	+	+	+	+	+	+	+	+	+	12

Musculoskeletal System

* ..Total animals with tissue examined microscopically; Total animals with tumor

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

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BLANK ..Not examined microscopically

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 Lab: NCTR

**F 344/N Rat Male
 CONTROL**

DAY ON TEST												
	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	1	1	1	1	1	1	1
7	7	8	8	8	9	9	0	0	1	1	2	2
1	2	1	2	1	2	1	2	1	2	1	2	2

*TOTALS

Bone, Femur	+	+	+	+	+	+	+	+	+	+	+	+	12
Nervous System													
Brain, Brain Stem	+	+	+	+	+	+	+	+	+	+	+	+	12
Brain, Cerebellum	+	+	+	+	+	+	+	+	+	+	+	+	12
Brain, Cerebrum	+	+	+	+	+	+	+	+	+	+	+	+	12
Respiratory System													
Lung	+	+	+	+	+	+	+	+	+	+	+	+	12
Nose	+	+	+	+	+	+	+	+	+	+	+	+	12
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	12
Special Senses System													
Eye	+	+	+	+	+	+	+	+	+	+	+	+	12
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	12
Urinary System													
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	12
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	12
SYSTEMIC LESIONS													
Multiple Organ	+	+	+	+	+	+	+	+	+	+	+	+	12

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 Lab: NCTR

F 344/N Rat Male 1% WLN	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0
		1	1	1	1	1	1	1	1	1	1	1
		0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	1	1	1	1	1	1
		0	0	0	0	0	0	0	0	0	0	0
ANIMAL ID		0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0
		1	1	1	1	1	1	1	1	1	1	1
		3	3	4	4	5	5	6	7	7	8	8
		1	2	1	2	1	2	2	1	2	1	2

*TOTALS

Alimentary System

Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	11
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	11
Liver	+	+	+	+	+	+	+	+	+	+	+	11

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

NONE

Hematopoietic System

Lymph Node, Mesenteric		+						+	+			3
Spleen	+	+	+	+	+	+	+	+	+	+	+	11

Integumentary System

NONE

Musculoskeletal System

* ..Total animals with tissue examined microscopically; Total animals with tumor

+ ..Tissue examined microscopically

X ..Lesion present

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First Dose M/F: NA / NA

Lab: NCTR

F 344/N Rat Male
1% WLN

DAY ON TEST												
	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	1	1	1	1	1	1	1
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
3	3	4	4	5	5	6	7	7	8	8	8	8
1	2	1	2	1	2	2	1	2	1	2	1	2

*TOTALS

NONE

Nervous System

NONE

Respiratory System

NONE

Special Senses System

NONE

Urinary System

Kidney

+ + + + + + + + + + + + + 11

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + + + + 11

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Date Report Requested: 10/23/2014
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 First Dose M/F: NA / NA
 Lab: NCTR

**F 344/N Rat Male
 2% WLN**

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 0 | 0 | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 6 | 2 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

*TOTALS

Alimentary System

| | | | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | M | + | + | + | 11 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Liver | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Cardiovascular System

| | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Endocrine System

| | | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | M | + | + | + | + | + | + | + | + | 11 |
| Adrenal Medulla | + | + | M | M | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Parathyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

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CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014
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 Lab: NCTR

F 344/N Rat Male
2% WLN

| DAY ON TEST | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 0 | 0 | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 6 | 2 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 6 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |

*TOTALS

| | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

General Body System

NONE

Genital System

| | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Prostate | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Testes | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Hematopoietic System

| | | | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | M | + | + | + | 11 |
| Spleen | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Thymus | + | + | M | + | + | + | + | + | + | + | + | + | + | 11 |

Integumentary System

| | | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | + | M | M | M | + | + | + | + | M | + | + | + | 8 |
| Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Musculoskeletal System

* ..Total animals with tissue examined microscopically; Total animals with tumor

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Lab: NCTR

**F 344/N Rat Male
2% WLN**

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 0 | 0 | 4 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 6 | 2 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

***TOTALS**

| | | | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Nervous System | | | | | | | | | | | | | |
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Brain, Cerebrum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Respiratory System | | | | | | | | | | | | | |
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Special Senses System | | | | | | | | | | | | | |
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Urinary System | | | | | | | | | | | | | |
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| SYSTEMIC LESIONS | | | | | | | | | | | | | |
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

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 Lab: NCTR

F 344/N Rat Male
3% WLN

| DAY ON TEST | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 |
| 0 | 3 | 3 | 3 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| 0 | 1 | 1 | 4 | 0 | 0 | 4 | 1 | 4 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 4 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 |

*TOTALS

Alimentary System

| | | | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Rectum | + | + | + | + | M | + | + | + | + | + | + | + | 11 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Liver | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Cardiovascular System

| | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Endocrine System

| | | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | M | + | 11 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Parathyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014

Time Report Requested: 13:04:41

First Dose M/F: NA / NA

Lab: NCTR

**F 344/N Rat Male
3% WLN**

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 |
| 0 | 3 | 3 | 3 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| 0 | 1 | 1 | 4 | 0 | 0 | 4 | 1 | 4 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

***TOTALS**

| | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Pituitary Gland | M | + | + | + | + | + | + | + | + | + | M | + | 10 |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

General Body System

NONE

Genital System

| | | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Coagulating Gland | | + | | + | | + | | + | | + | | 3 |
| Epididymis | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Prostate | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Testes | + | + | + | + | + | + | + | + | + | + | + | 12 |

Hematopoietic System

| | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Lymph Node | | | | | | | + | | | | | 1 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Spleen | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Thymus | + | + | + | + | + | + | + | + | + | + | + | 12 |

Integumentary System

| | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | + | + | + | + | + | + | + | M | + | + | + | 11 |
| Skin | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01
 Test Type: 90-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014
 Time Report Requested: 13:04:41
 First Dose M/F: NA / NA
 Lab: NCTR

| F 344/N Rat Male
3% WLN | DAY ON TEST | | | | | | | | | | | | |
|-------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|----|
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANIMAL ID | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 |
| | 0 | 3 | 3 | 3 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| | 0 | 1 | 1 | 4 | 0 | 0 | 4 | 1 | 4 | 1 | 1 | 1 | 1 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skin | | + | + | + | + | + | + | + | + | + | + | + | + |
| Musculoskeletal System | | | | | | | | | | | | | 12 |
| Bone, Femur | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Nervous System | | | | | | | | | | | | | |
| Brain, Brain Stem | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Brain, Cerebellum | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Brain, Cerebrum | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Respiratory System | | | | | | | | | | | | | |
| Lung | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Nose | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Trachea | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Special Senses System | | | | | | | | | | | | | |
| Eye | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Harderian Gland | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Urinary System | | | | | | | | | | | | | |
| Kidney | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Urinary Bladder | | + | + | + | + | + | + | + | + | + | + | + | 12 |
| SYSTEMIC LESIONS | | | | | | | | | | | | | |
| Multiple Organ | | + | + | + | + | + | + | + | + | + | + | + | 12 |

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014

Time Report Requested: 13:04:41

First Dose M/F: NA / NA

Lab: NCTR

END OF MALE DATA

* ..Total animals with tissue examined microscopically; Total animals with tumor

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 20116-01
 Test Type: 90-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014
 Time Report Requested: 13:04:41
 First Dose M/F: NA / NA
 Lab: NCTR

**F 344/N Rat Female
 CONTROL**

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
| | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 0 | 0 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

*TOTALS

Alimentary System

| | | | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | M | + | + | 11 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Liver | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Cardiovascular System

| | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Endocrine System

| | | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Parathyroid Gland | + | + | + | + | + | M | + | + | + | + | + | + | 11 |

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01
 Test Type: 90-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014
 Time Report Requested: 13:04:42
 First Dose M/F: NA / NA
 Lab: NCTR

**F 344/N Rat Female
CONTROL**

| DAY ON TEST | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 |
| | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 0 | 0 | 0 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |

*TOTALS

| | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

General Body System

NONE

Genital System

| | | | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Ovary | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Uterus | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Hematopoietic System

| | | | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Spleen | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Thymus | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Integumentary System

| | | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Musculoskeletal System

| | | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014

Time Report Requested: 13:04:42

First Dose M/F: NA / NA

Lab: NCTR

**F 344/N Rat Female
CONTROL**

| DAY ON TEST | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 |
| 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | 0 | 0 | 0 | 0 |
| 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

*TOTALS

Nervous System

| | | | | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Brain, Cerebrum | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Respiratory System

| | | | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Special Senses System

| | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Urinary System

| | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

SYSTEMIC LESIONS

| | | | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01
Test Type: 90-DAY
Route: DOSED WATER
Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014
Time Report Requested: 13:04:42
First Dose M/F: NA / NA
Lab: NCTR

| F 344/N Rat Female
1% WLN | DAY ON TEST | | | | | | | | | | | | |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 |
| | | 7 | 7 | 8 | 8 | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 2 |
| | | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

*TOTALS

Alimentary System

| | | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Liver | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Cardiovascular System

NONE

Endocrine System

NONE

General Body System

NONE

Genital System

| | | | | | | | | | | | | | |
|--------|---|---|--|--|--|--|--|--|--|--|--|--|---|
| Uterus | + | + | | | | | | | | | | | 2 |
|--------|---|---|--|--|--|--|--|--|--|--|--|--|---|

Hematopoietic System

| | | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lymph Node, Mesenteric | + | | | + | | | | + | + | + | | | 4 |
| Spleen | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Integumentary System

NONE

Musculoskeletal System

* ..Total animals with tissue examined microscopically; Total animals with tumor

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

Experiment Number: 20116-01

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014

Time Report Requested: 13:04:42

First Dose M/F: NA / NA

Lab: NCTR

F 344/N Rat Female
1% WLN

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 7 | 7 | 8 | 8 | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 2 | 2 |
| 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 |

*TOTALS

NONE

Nervous System

NONE

Respiratory System

NONE

Special Senses System

NONE

Urinary System

Kidney

+ + + + + + + + + + + +

12

SYSTEMIC LESIONS

Multiple Organ

+ + + + + + + + + + + +

12

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01
 Test Type: 90-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014
 Time Report Requested: 13:04:42
 First Dose M/F: NA / NA
 Lab: NCTR

F 344/N Rat Female
2% WLN

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 |
| 0 | 0 | 0 | 3 | 4 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 1 | 6 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

*TOTALS

Alimentary System

| | | | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus | + | + | + | + | M | + | + | + | + | + | + | + | 11 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Liver | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Cardiovascular System

| | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Endocrine System

| | | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Parathyroid Gland | + | + | + | M | M | + | + | + | + | + | + | + | 10 |

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01
 Test Type: 90-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014
 Time Report Requested: 13:04:42
 First Dose M/F: NA / NA
 Lab: NCTR

F 344/N Rat Female
2% WLN

| DAY ON TEST | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 |
| | 0 | 0 | 0 | 3 | 4 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 1 | 6 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 8 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |

*TOTALS

| | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Pituitary Gland | + | + | + | + | + | + | + | + | M | + | + | + | + | 11 |
| Thyroid Gland | + | + | + | + | M | + | + | + | + | + | + | + | + | 11 |

General Body System

NONE

Genital System

| | | | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Ovary | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Uterus | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Hematopoietic System

| | | | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Lymph Node | | | | | | | | | | | | | | 1 |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Spleen | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Thymus | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Integumentary System

| | | | | | | | | | | | | | | |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Musculoskeletal System

| | | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

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I ..Insufficient tissue

Experiment Number: 20116-01

Test Type: 90-DAY

Route: DOSED WATER

Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014

Time Report Requested: 13:04:42

First Dose M/F: NA / NA

Lab: NCTR

F 344/N Rat Female
2% WLN

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 |
| 0 | 0 | 0 | 3 | 4 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 1 | 6 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 8 |
| 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |

*TOTALS

Nervous System

| | | | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Brain, Cerebrum | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Respiratory System

| | | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Trachea | + | + | + | + | M | + | + | + | + | + | + | + | 11 |

Special Senses System

| | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

Urinary System

| | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | 12 |

SYSTEMIC LESIONS

| | | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | 12 |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue

Experiment Number: 20116-01
 Test Type: 90-DAY
 Route: DOSED WATER
 Species/Strain: Rat/F 344/N

P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Test Compound: Aloe vera whole leaf extract (native)

CAS Number: ALOEVLEAFEXT

Date Report Requested: 10/23/2014
 Time Report Requested: 13:04:42
 First Dose M/F: NA / NA
 Lab: NCTR

F 344/N Rat Female
3% WLN

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 3 | 2 | 0 | 2 | 3 | 3 | 3 | 3 | 3 |
| | 0 | 0 | 0 | 1 | 6 | 0 | 6 | 1 | 1 | 1 | 4 | 4 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

*TOTALS

Alimentary System

| | | | | | | | | | | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Intestine Large, Cecum | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Intestine Large, Colon | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Intestine Large, Rectum | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Intestine Small, Ileum | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Intestine Small, Jejunum | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Liver | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Pancreas | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Salivary Glands | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | + | + | 11 |

Cardiovascular System

| | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | 11 |

Endocrine System

| | | | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Adrenal Medulla | + | + | + | M | + | + | + | + | + | + | + | + | 10 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Parathyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | 11 |

* ..Total animals with tissue examined microscopically; Total animals with tumor

+ ..Tissue examined microscopically

X ..Lesion present

I ..Insufficient tissue

M ..Missing tissue

A ..Autolysis precludes evaluation

BLANK ..Not examined microscopically

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 Time Report Requested: 13:04:42
 First Dose M/F: NA / NA
 Lab: NCTR

| F 344/N Rat Female
3% WLN | DAY ON TEST | | | | | | | | | | | | |
|------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|----|
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 3 | 2 | 0 | 2 | 3 | 3 | 3 | 3 | 3 |
| | | 0 | 0 | 0 | 1 | 6 | 0 | 6 | 1 | 1 | 1 | 4 | 4 |
| General Body System | ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 |
| | | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| *TOTALS | | | | | | | | | | | | | |
| Pituitary Gland | | + | M | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland | | + | + | + | + | + | + | + | + | + | + | + | + |
| Genital System | | | | | | | | | | | | | |
| Clitoral Gland | | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary | | + | + | + | + | + | + | + | + | + | + | + | + |
| Uterus | | + | + | + | + | + | + | + | + | + | + | + | + |
| Vagina | | | | | | | | + | | | | | 1 |
| Hematopoietic System | | | | | | | | | | | | | |
| Bone Marrow | | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mandibular | | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric | | + | + | + | + | + | + | M | + | + | + | + | + |
| Spleen | | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus | | + | + | + | + | + | M | + | + | + | + | + | + |
| Integumentary System | | | | | | | | | | | | | |
| Mammary Gland | | + | + | + | + | + | M | + | M | + | M | + | 8 |
| Skin | | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Musculoskeletal System | | | | | | | | | | | | | |
| Bone, Femur | | + | + | + | + | + | + | + | + | + | + | + | 11 |

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

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I ..Insufficient tissue

Experiment Number: 20116-01

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P07: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

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Date Report Requested: 10/23/2014

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First Dose M/F: NA / NA

Lab: NCTR

F 344/N Rat Female
3% WLN

| DAY ON TEST | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 3 | 2 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 |
| 0 | 0 | 0 | 1 | 6 | 0 | 6 | 1 | 1 | 1 | 4 | 4 | 4 |
| ANIMAL ID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 |
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

*TOTALS

Nervous System

| | | | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Brain, Cerebrum | + | + | + | + | + | + | + | + | + | + | + | + | 11 |

Respiratory System

| | | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Nose | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | 11 |

Special Senses System

| | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | 11 |

Urinary System

| | | | | | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | 11 |

SYSTEMIC LESIONS

| | | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ | + | + | + | + | + | + | + | + | + | + | + | + | 11 |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|----|

** END OF REPORT **

* ..Total animals with tissue examined microscopically; Total animals with tumor

M ..Missing tissue

+ ..Tissue examined microscopically

A ..Autolysis precludes evaluation

X ..Lesion present

BLANK ..Not examined microscopically

I ..Insufficient tissue